

KINDERGARTEN IMMUNIZATION ASSESSMENT WORK SHEET*(Do Not Send In)*

Each child should have either a check mark under UNCONDITIONAL ENTRANTS or check marks under CONDITIONAL

NOTE: The numbers and letters on these columns coincide with those on the SCHOOL SUMMARY SHEET.

NAME OR ID	UNCONDITIONAL ENTRANTS — the child has:			CONDITIONAL ENTRANTS —does not meet requirement for:						
	1.All Imms	2. PME ¹	3. PBE ²	4. Cond. ³	a. Polio	b. DTP	c. 1 st MMR	d. 2 nd MMR	e. Hep B	f. Varicella ⁴
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Subtotal this page (count check marks)	1.	2.	3.	4.	a.	b.	c.	d.	e.	f.
Total all pages <i>COPY TO SCHOOL SUMMARY SHEET</i>	1.	2.	3.	4.	a.	b.	c.	d.	e.	f.

¹Permanent medical exemption to some or all immunizations²Personal beliefs exemption to some or all immunizations³Lacks one or more required immunizations⁴A conditional entrant for varicella is a child who has neither received the varicella vaccine nor has health care provider-documented varicella disease or immunity.

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